PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

A-451 N

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN		
	TAL CLASSAC		(Column 1)		(Column 2)			TYPE [OR	SMALL		
TOTAL CLAIMS			26					RATE	FEE]	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			26 minus 20=		* 6			X\$ 9= .		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		,			X43=		OR	X86=	,	
ML	ILTIPLE DEPEI	NDENT CLAIM P	RESENT			ĬΖ		+145=	145	OR	+290=	290	
* If	the difference	in column 1 is	less than zero, enter "0" in co			column 2		TOTAL	-	OR	TOTAL		
CLAIMS AS AMENDED - PART II										_	OTHER	THAN	
		(Column 1)		(Colun	nn 2)	(Column 3) SMALL			ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=	. '	OR	X\$18=		
	Independent	<u> * </u>	Minus	***		=		X43=		OR	X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
TOTAL										OR	TOTAL ADDIT, FEE		
ADDIT. FEE													
AMENDMENT B		CLAIMS		HIGH	EST		Г		ADDI-			ADDI-	
		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	·	
	Independent	*	Minus	***		=	ľ	X43=	·	OR	X86=		
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		l	+290=		
									<u> </u>	OR		•	
	TOTAL ADDIT FEE OR ADDIT FEE												
		(Column 1)		(Colum		(Column 3)			•				
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=									υn			
* 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=		
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THIS	SPACE is	less than	20, enter "20."	. AI	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE		
		ber Previously Paid					foun	d in the app	ropriate box	in coli	umn 1.		